

This report is a facsimile reconstructed from the corresponding field visit record registered in MOL Occupational Health and Safety database. It is not a true copy of the actual Premise Project Form left with the client.

Ministry  
of  
Labour

Safe At Work Ontario



Operations Division Occupational Health and Safety

Premise/Project Form

Page 1 of 3

Premise/Project Name EASTWOOD MALL INC. P/P ID 1329460 Visit Date 9 Oct 2009 Case ID 5407601 FV No. 5455424

Premise/Project Location 151 ONTARIO AVE ELLI ON CAN P5A 2S8

Telephone (705) 461-3626 Inspection Unit P5A JHSC Status NREQ Work Force 2 % Complete 90

Assigned Staff 6 GIGNAC Requesting Staff SIC Codes 4022 Case Type Field Visit Type INIT Notice ID

Contacted: ( 5.21 ) MAINTENANCE MANAGER

Visit Purpose: INVESTIGATION

Visit Location: 151 ONTARIO AVE, ELLIOT LAKE

Summary or Comments: USE OF ELEVATING DEVICES WITH NO TRAINING OR FALL PROTECTION. THIS EMPLOYER SHALL TRAIN ALL WORKERS WHO USE THE ELEVATING DEVICE AND TRAIN ALL WORKERS WHO USE A FALL PROTECTION SYSTEM. THE SKYJACK LIFT SHALL NOT BE USED UNTIL TRAINING IS COMPLETE.

Order(s)/Requirement(s) Issued to:

To	Org/Ind Role	Org/Ind ID No.	Telephone No.
EASTWOOD MALL INC.	CONSTRUCTOR	1153817	(705) 461-3626
Mailing Address	Trade Code	Postal Code	
151 ONTARIO AVE ELLI ON	IND	P5A 2S8	

Order(s)/Requirement(s) Description

You are required to comply with the order(s)/requirement(s) by the dates listed below. Remember that while complying with occupational health and safety laws you are also required to comply with applicable environmental laws.

Order No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	TIMU	OHS	1990				The employer shall ensure that all workers be given oral and written instruction on the operation and be trained to operate the skyjack elevating device.	
1709187		213	1991	147		1		

Continued...

Recipient	Inspector Data	Worker Representative
Name	GIGNAC, MARK CONSTRUCTION HEALTH & SAFETY INSPECTOR 70 FOSTER DR, SAULT STE. MARIE	Name
Title	705-945-6555 705-949-9796	Title
Signature	Signature	Signature

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place at the workplace and provide a copy to the health and safety representative or the joint health and safety committee if any. Failure to comply with an order, decision or requirement of an inspector is an offence under Section 66 of the Occupational Health and Safety Act. You have the right to appeal any order or decision within 30 days of the date of the order issued and to request suspension of the order or decision by filing your appeal and request in writing on the appropriate forms with the Ontario Labour Relations Board, 505 University Ave., 2nd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 326-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.gov.on.ca/lab/olrb/home.htm> for more information.

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**Premise/Project Form - Order Continuation**

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Premise/Project Name	P/P ID	Visit Date	Case ID	FV No.
EASTWOOD MALL INC.	1329460	9 Oct 2009	5407601	5455424

**Order(s)/Requirement(s) Issued to:**

To	Org/Ind Role	Org/Ind ID No.	Telephone No.
EASTWOOD MALL INC.	CONSTRUCTOR	1153817	(705) 461-3626
Mailing Address	Trade Code	Postal Code	
151 ONTARIO AVE ELLI ON	IND.	P5A 2S8	

**Order(s)/Requirement(s) Description**

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Order No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
2	STOP	OHSA	1990	57	6	a	The employer shall not use the skyjack elevating device unless all worker who operate the device is provided proper training. The employer shall contact this inspector when the training has been completed.	
1709188								
3	TIMU	OHSA	1990				An employer shall ensure that a worker who may use a fall protection system is adequately trained in its use and given adequate oral and written instructions by a competent person.	
1709190		213	1991	26.2	1			
4	STOP	OHSA	1990	57	6	a	The employer shall ensure that no worker uses the elevating device unless the workers have proper fall protection training. The employer shall contact this inspector when the appropriate fall protection has been provided.	
1709191								

Recipient	Inspector Data	Worker Representative
	GIGNAC, MARIE	
Name	CONSTRUCTION HEALTH & SAFETY INSPECTOR	Name
	70 FOSTER DR, SAULT STE. MARIE	
Title	705-945-6555 705-949-9796	Title
Signature	Signature	Signature

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Operations Division Occupational Health and Safety

### Premise/Project Form - Narrative Continuation

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Premise/Project Name  
**EASTWOOD MALL INC.**

P/P ID  
**1329460**

Visit Date  
**9 Oct 2009**

Case ID  
**5407601**

FV No.  
**5455424**

Review and discuss;

A skyjack elevating device has been used to paint the structural steel beams on the outside of the mall. The use of this elevating device requires that all workers have very specific training in the use of the device and it's operating procedures as per the manufactures manual.

This employer shall not use the device until proof of training has been provided to this inspector for training as well as fall protection training.

Fall protection is required to operate this device while the device is being moved, up/down or driven. The hazards of falling out of this device have been discussed. Discuss the limitation of this device to slope.

While this device or other construction work is being completed in a public walkway, proper public way protection is required. Signs, fencing or other barriers to ensure that the public does not have access to the construction area.

Contact the Construction Safety Association of Ontario or the Industrial Accident Safety Association of Ontario for proper training on elevating devices and fall protection.

Recipient	Inspector Data	Worker Representative
Name	<b>GIGNAC, MARK</b>	Name
	<b>CONSTRUCTION HEALTH &amp; SAFETY INSPECTOR</b>	
Title	<b>70 FOSTER DR, SAULT STE. MARIE</b>	Title
	<b>705-945-6555</b>	
	<b>705-949-9796</b>	
Signature	Signature	Signature

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**Premise/Project Form**

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Premise/Project Name  
**ELLIOT LAKE FOODLAND**

P/P ID  
**36330**

Visit Date  
**17 Nov 2010**

Case ID  
**5199718**  
STC

FV.No.  
**5798561**

Premise/Project Location

**151 ONTARIO AVE ELLI ON CAN P5A 2T2**

Telephone Inspection Unit JHSC Status Work Force % Complete  
**(705) 461-1466 4446 JC20 48 0**

Assigned Staff Requesting Staff SIC Codes Case Type Field Visit Type Notice ID  
**125 HUDSON 6011 INIT**

Contacted: **(S. 21) -MANAGER (S. 21) -WORKER JOINT COMMITTEE MEMBER**

Visit Purpose: **COMPLAINT INVESTIGATION**

Visit Location: **STORE**

Summary or Comments: **CEILING SEWAGE PIPE, FROM MALL'S 2ND FLOOR, LEAKED 10-11-10. CLEAN UP WORKERS WERE FROM EASTWOOD MALL INC. LEAKING PIPE HAS BEEN REPAIRED. NO ORDERS ISSUED.**

Recipient

Inspector Data  
**HUDSON, ED**

Worker Representative

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Signature

Signature

Signature

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Premise/Project Name  
**ELLIOT LAKE FOODLAND**

P/P ID  
**36330**

Visit Date  
**17 Nov 2010**

Case ID  
**5199718**

FV No.  
**5798561**

Recipient	Inspector Data HUDSON, ED	Worker Representative
Name _____		Name _____
Title _____		Title _____
Signature _____	Signature _____	Signature _____

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Premise/Project Name	P/P ID	Visit Date	Case ID	FV No.
<b>EASTWOOD MALL INC.</b>	<b>1347263</b>	<b>17 Nov 2010</b>	<b>5199718</b>	<b>5798562</b>
Premise/Project Location	STC			
<b>151 ONTARIO AVE. ELLI ON CAN P5A 2T2</b>				
Telephone	Inspection Unit	JHSC Status	Work Force	% Complete
<b>(705) 461-3626</b>		<b>HSRP</b>	<b>10</b>	<b>0</b>
Assigned Staff	Requesting Staff	SIC Codes	Case Type	Field Visit Type
<b>125 HUDSON</b>		<b>6413</b>		<b>CONT</b>
				Notice ID

Contacted: ( 5.21 )--MALL MANAGER

Visit Purpose: INVESTIGATION

Visit Location: FOODLAND

Summary or Comments: BRUNET PLUMBING HAS BEEN CONTRACTED TO REPLACE THE ENTIRE PIPING SYSTEM. WILL BE COMPLETED BY EARLY TO MID DECEMBER, WORKING AROUND FOODLANDS BUSINESS HOURS. 1 ORDER ISSUED.

**Order(s)/Requirement(s) Issued to:**

To	Org/Ind Role	Org/Ind ID No.	Telephone No.
<b>EASTWOOD MALL INC.</b>	<b>EMPLOYER</b>	<b>1206510</b>	<b>(705) 461-3626</b>
Mailing Address	Trade Code	Postal Code	
<b>151 ONTARIO AVE. ELLI ON</b>		<b>P5A 2T2</b>	

**Order(s)/Requirement(s) Description**

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Order No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	TIME	OHSA	1990	8	1		The employer shall cause the workers to select at least one health and safety representative from among the workers at the workplace who do not exercise managerial functions.	30 Nov 2010
1286404								

Recipient	Inspector Data	Worker Representative
	<b>HUDSON, ED</b>	
Name		Name
Title		Title
Signature	Signature	Signature

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**Premise/Project Form - Narrative Continuation**

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Premise/Project Name  
**EASTWOOD MALL INC.**

P/P ID  
**1347263**

Visit Date  
**17 Nov 2010**

Case ID  
**5199718**

FV No.  
**5798562**

Recipient

Inspector Date  
**HUDSON, EO**

Worker Representative

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Signature

Signature

Signature

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**Premise/Project Form**

Operations Division Occupational Health and Safety

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Premise/Project Name  
**EASTWOOD MALL INC.**

P/P ID  
**1347263**

Visit Date  
**7 Jan 2011**

Case ID  
**5199718**  
STC

FV No.  
**5810217**

Premise/Project Location  
**151 ONTARIO AVE. ELLI ON CAN P5A 2T2**

Telephone (705) 461-3626 Inspection Unit JHSC Status HSRP Work Force 10 % Complete 0

Assigned Staff 125 HUDSON Requesting Staff SIC Codes 6413 Case Type FOLL Field Visit Type FOLL Notice ID

Contacted: ( 5.21 ) ASST. MANAGER

Visit Purpose: FOLLOW UP VISIT

Visit Location: OFFICE OF MALL

Summary or Comments: ALL ORDERS OATEO 17-11-10 COMPLIEO WITH. NO FURTHER OROERS ISSUED.

Recipient

Inspector Data  
HUDSON, ED

Worker Representative

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Signature

Signature

Signature

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Operations Division Occupational Health and Safety

**Premise/Project Form - Order Continuation**

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Premise/Project Name  
**EASTWOOD MALL INC.**

P/P ID  
**1347263**

Visit Date  
**7 Jan 2011**

Case ID  
**5199718**

FV No.  
**5810217**

Recipient

Inspector Date  
**HUDSON, ED**

Worker Representative

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Signature

Signature

Signature

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Operations Division Occupational  
Health and Safety

**Field Visit Report**

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OHS Case ID: 00125DKQP059

Field Visit no: 00125DKQP060

Visit Date: 2011-JUN-01

Field Visit Type: INITIAL

Workplace Identification: ALGO INN

Notice ID:

151 ONTARIO AVENUE, ELLIOT LAKE, ON, CANADA P5A 2T2

Telephone:

JHSC Status:

Work Force #:

Completed %:

18

Persons Contacted: ( S. 21 ) -MANAGER

( S. 21 ) -EXECUTIVE SECRETARY; RECEPTION

Visit Purpose: INSPECTION

Visit Location: HOTEL & MALL

Visit Summary: 2 ORDERS ISSUED

**Detailed Narrative:**

...2 lost time events noted, (slip, stress)

...Toll Free SSM: 1 - 800 - 461 - 7268, Inspector extension 6604

...Toll Free After Hour Events: 1 - 877 - 202 - 0008

...Material safety data sheets expire every 3 years

...WHMIS training for workers to be reviewed annually.

**COPY**

Recipient

Inspector Data

Worker Representative

ED HUDSON

Name

OCCUPATIONAL HEALTH & SAFETY INSPECTOR  
PROVINCIAL OFFENCES OFFICER

Name

70 Foster Drive, Suite 480

Title

Sault Ste Marie, ON P6A 6V4

Title

Tel: 705-945-6604

Fax: 705-949-9796

Signature

Signature

Signature

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Ontario

Operations Division Occupational  
Health and Safety

## Field Visit Report

Page 2 of 2

OHS Case ID: 00125DKQP059

Field Visit no: 00125DKQP060

Visit Date: 2011-JUN-01

Field Visit Type: INITIAL

Order(s) / Requirement(s) Issued To:

To:

Org/Ind Role

Telephone No

ALGO INN

Primary Employer

Mailing Address:

Postal Code

151 ONTARIO AVENUE, ELLIOT LAKE, ON, CANADA P5A 2T2

P5A 2T2

Order(s) / Requirement(s) Description:

You are required to comply with the order(s) / requirement(s) by the dates listed below.

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
00125DKQP061	Time	OHS A	1990	37	1	b	The employer shall obtain an unexpired material safety data sheet for all hazardous materials present in the workplace.	2011-Jun-15
00125DKQP062	Time	OHS A	1990	42			The employer shall ensure that a worker exposed to a hazardous product is adequately trained in storage, handling & use of such products.	2011-Jun-22

Recipient

Inspector Data

Worker Representative

ED HUDSON

Name

OCCUPATIONAL HEALTH & SAFETY INSPECTOR  
PROVINCIAL OFFENCES OFFICER

Name

70 Foster Drive, Suite 480

Sault Ste Marie, ON P6A 6V4

Title

Tel: 705-945-6604

Fax: 705-949-9796

Title

Signature

Signature

Signature

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OHS Case ID: 00125DKQP059

Field Visit no: 00125DPXP106

Visit Date: 2011-AUG-26

Field Visit Type: CONTINUATION

Workplace Identification: ALGO INN

Notice ID:

151 ONTARIO AVENUE, ELLIOT LAKE, ON, CANADA P5A 2T2

Telephone:  
(705) 461-9251

JHSC Status:  
Inactive

Work Force #:  
18

Completed %:

Persons Contacted: ( S-21 ) ---EXECUTIVE SECRETARY

Visit Purpose: INSPECTION

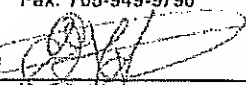
Visit Location: INN & MALL

Visit Summary: ALL ORDERS DATED 01 - 06 - 11 COMPLIED WITH. NO FURTHER ORDERS ISSUED.

Detailed Narrative:

toll free ssm: 1 - 800 - 461 - 7268

toll free after hours events notification: 1 - 877 - 202 - 0008

Recipient	Inspector Data	Worker Representative
Name ( S-21 )	ED HUDSON OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 70 Foster Drive, Suite 480 Sault Ste Marie, ON P6A 6V4 Tel: 705-945-6604 Fax: 705-949-9796	Name _____ Title _____
Title _____		
Signature _____	Signature 	Signature _____

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Operations Division Occupational Health and Safety

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OHS Case ID: 00125FBPM091

Field Visit no: 00125FBPM092

Visit Date: 2012-JAN-11

Field Visit Type: INITIAL

Workplace Identification: EASTWOOD MALL INC.

Notice ID:

151 ONTARIO AVENUE, ELLIOT LAKE, ON, CANADA P5A 2T2

Telephone:  
(705) 461-3626

JHSC Status:  
Inactive

Work Force #:  
12

Completed %:

Persons Contacted: ( S. 21 ) --CORPORATE MANAGER

Visit Purpose: COMPLAINT INVESTIGATION: LEAKING ROOF

Visit Location: ALGO MALL OFFICES

Visit Summary: NO RECENT LOST TIME EVENTS NOTED, NO ORDERS ISSUED.

#### Detailed Narrative:

##### Background:

...Top floor of most of the mall is outdoor parking to accommodate the needs of the mall & its tenants.  
Leaks have occurred in the past despite a snow removal program which involves and includes rubber blades.

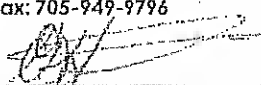
##### Status:

...On going maintenance program is in place to patch leaks and attempt to identify source location.  
...Eastwood Mall are evaluating their options and will be dealing with this problem on a permanent basis spring/summer 2012.

No orders issued.

Toll free SSM: 1 - 800 - 461 - 7268 ext 6604

Toll free after hours event notification #: 1 - 877 - 202 - 0008

Recipient	Inspector Data	Worker Representative
Name _____	<b>ED HUDSON</b>	Name _____
Title _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 70 Foster Drive, Suite 480 Sault Ste Marie, ON P6A 6V4 Tel: 705-945-6604 Fax: 705-949-9796	Title _____
Signature: ( S. 21 )	Signature: 	Signature _____

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place at the workplace and provide a copy to the health and safety representative or the joint health and safety committee if any. Failure to comply with an order, decision or requirement of an inspector is an offence under Section 66 of the Occupational Health and Safety Act. You have the right to appeal any order or decision within 30 days of the date of the order issued and to request suspension of the order or decision by filing your appeal and request in writing on the appropriate forms with the Ontario Labour Relations Board, 505 University Ave., 2nd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 326-3335 or 1-877-339-3335 (toll free), mail or by website at <http://www.gov.on.ca/lob/orb/home.htm> for more information.